

FEE TRANSMITTAL

Electronic Version v09

Stylesheet Version v08.0

| Title of Invention | TREAT DISPENSING CHEWING TOY | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|---|------------------------|---|------|----|---|--------------------------------------|--|--|--|
| Application Number : | | | | | | | | | | | | | | | | | | | | | | |
| Date : | | | | | | | | | | | | | | | | | | | | | | |
| First Named Applicant: | Tracie Marie St. Pierre | | | | | | | | | | | | | | | | | | | | | |
| Attorney Docket Number: | SP01 | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEE AUTHORIZED \$ 395 | | | | | | | | | | | | | | | | | | | | | | |
| Patent fees are subject to annual revisions on or about October 1st of each year. | | | | | | | | | | | | | | | | | | | | | | |
| Filing as small entity | | | | | | | | | | | | | | | | | | | | | | |
| BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>395</td><td>395</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 395</td></tr></tbody></table> | | | | Fee Description | Fee Code | Amount \$ | Fee Paid \$ | Utility Filing Fee | 2001 | 395 | 395 | Subtotal For Basic Filing Fees: \$ 395 | | | | | | | | | | |
| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | | |
| Utility Filing Fee | 2001 | 395 | 395 | | | | | | | | | | | | | | | | | | | |
| Subtotal For Basic Filing Fees: \$ 395 | | | | | | | | | | | | | | | | | | | | | | |
| EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>44</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> | | | | Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | Total Claims : 20 | 0 | 2202 | 9 | 0 | Independent Claims : 3 | 0 | 2201 | 44 | 0 | Subtotal For Extra Claims Fees: \$ 0 | | | |
| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ | | | | | | | | | | | | | | | | | | |
| Total Claims : 20 | 0 | 2202 | 9 | 0 | | | | | | | | | | | | | | | | | | |
| Independent Claims : 3 | 0 | 2201 | 44 | 0 | | | | | | | | | | | | | | | | | | |
| Subtotal For Extra Claims Fees: \$ 0 | | | | | | | | | | | | | | | | | | | | | | |
| AUTHORIZED BILLING INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| The commissioner is hereby authorized to charge indicated fees and credit any overpayments to: | | | | | | | | | | | | | | | | | | | | | | |
| Credit account number: | 1002 | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date (YYYYMMDD): | 2007-11-30 | | | | | | | | | | | | | | | | | | | | | |
| Authorized name: | Richard D. Fuerle | | | | | | | | | | | | | | | | | | | | | |
| Billing address: | 14072 | | | | | | | | | | | | | | | | | | | | | |